

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

283

5655

349

63-044604

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59

1 0530

2 1050

3

4 0

5 1

6

7 0

8 1

9 5723A

10

11

12 93-0

13 50

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 12 1963

a. COUNTY

LAWRENCE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

MT. VERNON

Length of stay in 1b

3 WEEKS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

MO. STATE SANATORIUM

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE

MO.

b. COUNTY

SULLIVAN

c. CITY  
OR TOWN

MILAN

Inside Limits  
Yes ☐ No ☐

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

EMERSON

First

S.

PERKINS

Last

4. DATE  
OF DEATH

Month

Nov.

Day

17

Year

63

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9.13.09

9. AGE (last birthday)

54

IF UNDER 1 YEAR  
Months

Days

IF UNDER 24 HR  
Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

JOHN QUINCY PERKINS

13b. MOTHER'S MAIDEN NAME

ANNE LAURA SUMMERS

14. NAME OF HUSBAND OR WIFE

MILDRED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

NO.

95

17. INFORMANT

MO. STATE SAN. MT. VERNON. MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

INTESTINAL OBSTRUCTION

INTERVAL BETWEEN  
ONSET AND DEATH

5 DAYS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

CHRONIC COLITIS.

DUE TO (c)

1 YEAR

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PULMONARY

TUBERCULOSIS. FAK. ADV.

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11.10.63

to 11.16.63

and last saw him alive on

11.16.63

Death occurred at

7:40 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

*[Signature]*

(Degree or title)

M.D.

22b. ADDRESS

MT. VERNON

Mo.

22c. DATE SIGNED

11.17.63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

12-17-63

23c. NAME OF CEMETERY OR CREMATORY

Oakwood Cemetery

23d. LOCATION (City, town, or county)

MILAN

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Schwee Funeral Service Milan Mo

25. DATE RECD. BY LOCAL REG.

12-9-63

26. REGISTRAR'S SIGNATURE

Roy Grantham/RW

USE BLACK INK  
OR  
TYPEWRITER RIBBON

B-1011-0110

1030 1030 1030

13 1908

DEC 13 1908

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed William B. Gault

Licensed Embalmer No. 4820

P. O. Address Republic, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.